

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R::	None
Sequence submission::	None
Computer Readable Form (CRF)::	No
Title::	COCHLEATE PREPARATIONS OF FRAGILE NUTRIENTS
Attorney Docket Number::	BSZ-017
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	7
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Raphael
Middle Name::	J.
Family Name::	Mannino
City of Residence::	Annandale
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	36 Meadowview Drive
City of mailing address::	Annandale

State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08801

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sara  
Middle Name:: L.  
Family Name:: Krause-Elsmore  
City of Residence:: Kearny  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 100 Maple Street  
City of mailing address:: Kearny  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07032

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Susan  
Family Name:: Gould-Fogerite  
City of Residence:: Annandale  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 6 Cynthia Court  
City of mailing address:: Annandale  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08801

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France

**Status::** Full Capacity  
**Given Name::** David  
**Family Name::** Delmarre  
**City of Residence::** Jersey City  
**State or Province of Residence::** NJ  
**Country of Residence::** US  
**Street of mailing address::** 20 Second Street, Apt. 306  
**City of mailing address::** Jersey City  
**State or Province of mailing address::** NJ  
**Postal or Zip Code of mailing address::** 07302

### **Correspondence Information**

**Correspondence Customer Number::** 00959

### **Representative Information**

**Representative Customer Number::** 00959

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/440120	01/15/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/465754	04/25/03